<b>NEBRASKA</b> Good Life. Great Service.			Nebraska Individual Income Tax Return for the taxable year January 1, 2016 through December 31, 2016 or other taxable year:									FORM 1040N <b>2016</b>		
	department of revenue Your First Name and Initial		, 2016 through				, Please Do Not Write In This Space				20	10		
Print	<u></u>													
o.	If a Joint Return, Spouse's First Name and Initial Last Name													
Please Type	Current Mailing Address (Number and Street or PO Box)													
Pleas	City State Zip Code													
	Import Your Social Security N			High Scho	ol Distric	t Code								
				use's Social Security Number										
											/	/		
(1	1) Farmer/Rancher (2) Active Military			y (1) Deceased Taxpayer(s) – (first name & date of death):							/			
	1 Federal Filing Sta	tue			(inst name a c						/			
	(1) Single		ed, filin	g separa	ately-Spous	e's SSN:		(4)	Head o	f Hous	ehold			
	<ul> <li>(1) Single</li> <li>(3) Married, filing separately – Spouse's SSN:</li> <li>(2) Married, filing jointly and Full Name</li> </ul>										n dependei	nt children		
-	2a Check if YOU wer			(2)				omeone (such				-		
	SPOUSE was:	(3) 🗌 65 or	older	(4) [	Blind	your spo	use as	a dependent:	(1) 🗌 Yo	u	(2) 🗌 Sp	ouse		
	3 Type of Return:	(2) 🗌 Partia	Jugari	racidant	from	/	, 2016 t	.o /		2016	(attach Sal	hedule III)		
	(1) 🗌 Resident		-		Schedule II		, 2010 ι	.0 /	:	, 2010	(allach Sc	neuule III)		
	4 Federal exemptions (number of exemptions claimed on your 2016 federal return											. 4		
	5 Federal adjusted gross income (AGI) (line 4, Federal Form 1040EZ; line 21, Federal Form 1040A;									_				
	line 37, Federal Form 1040)											00		
	6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$6,300 if single; \$12,600 if married, filing jointly or													
		; \$6,300 if married, fil		•					00					
		-								1				
	7 Total itemized de		7		00	4								
	8 State and local in see instructions.)				00									
	see instructions.)						8			-				
	9 Nebraska itemize	d deductions (line 7	minus I	ine 8) .			9		00					
1	10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater													
	(the larger of line	6 or line 9)			• • • • • • • • • •					10		00		
4	1 Nebraska income	hoforo odiustmonto	(line E	minua li	no 10)					11		00		
	2 Adjustments incre		•						00			00		
		-							00	-				
	13 Adjustments decreasing federal AGI (line 31, from attached Nebraska Schedule I)       13       00         14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0       00													
	Residents comple		)											
		Ile III before continu							<u></u>	14		00		
1	5 Nebraska income													
	from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.)													
1	16 Nebraska other tax calculation:													
	a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$													
	<b>b</b> Federal tax on early distributions (lesser of Federal													
	Form 5329 or line 59, Federal Form 1040) <b>16 b</b> \$ c Total (add lines 16a and 16b)													
		s 16a and 16b) iply line 16c by 29.69												
		ial-year residents an		-			10,							
		dule III					16		00					
1	7 Total Nebraska ta													
	Do not pay the an	nount on this line. Pa	ay the a	mount f	from line 39	<u></u>	<u></u>		<u></u>	17		00		

18	Amount from line 17 (Total Nebraska tax)	. <u> </u>	1	18	00
19	Nebraska personal exemption credit for residents only (\$131 per exemption)	. 19 0	00		
20	Credit for tax paid to another state, line 6, Nebraska Schedule II				
	(attach Nebraska Schedule II and a copy of the other state's return)	. 20	00		
21	Credit for the elderly or disabled (attach copy of Federal Schedule R)		00		
	Community Development Assistance Act credit (attach Form CDN)		00		
	Form 3800N nonrefundable credit (attach Form 3800N)		00		
	Nebraska child/dependent care nonrefundable credit, only if line 5 is more				
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	. 24	00		
25	Credit for financial institution tax (attach Form NFC)		00		
	Total nonrefundable credits (add lines 19 through 25)			26	00
	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If the result		· · F		
	federal tax liability, complete the Federal Tax Liability Worksheet in the instruction				
	check box and attach a copy of the federal return			27	00
28	Total Nebraska income tax withheld (attach 2016 Forms, see instructions)			-1	
20	a W-2 \$ b K-1N \$				
	<b>c</b> W-2G, 1099-R,1099-MISC, or others \$	20	00		
20	2016 estimated tax payments (include any 2015 overpayment credited to 2016	. 20	0		
29		20			
20	and any payments submitted with an extension request)		00		
	Form 3800N refundable credit (attach Form 3800N)	. 30	00		
31	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less				
	(attach a copy of Form 2441N)		00		
	Beginning Farmer credit (from Form 1099 BFC)	. 32 (	00		
33	Nebraska earned income credit. Enter number of qualifying children 97				
	Federal credit <b>98 .</b>				
	pages 1 and 2 – see instructions)		00		
34	Angel Investment Tax Credit (see instructions).	. 34	00		
	Total refundable credits (add lines 28 through 34)			35	00
36	Penalty for underpayment of estimated tax (see instructions). If you calculated a F				
	or greater, or used the annualized income method, attach Form 2210N, and check			36	00
	Total tax and penalty. Add lines 27 and 36			37	00
38	Use tax due on taxable purchases where applicable sales tax was not collected. (				
	Enter purchases subject to state tax 91 \$ State tax 92 \$				
	Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purc	hases x local rate of	_%)		
	95 Local code(see local rate schedule);				
	Add state and local taxes and enter on line 38. If no use tax is due, enter -0- on line			38	00
39	Total amount due. If line 35 is less than total of lines 37 and 38, subtract line 35 is				
	and 38. Pay this amount in full. For electronic or credit card payment, check here [			39	00
	Overpayment. If line 35 is more than total of lines 37 and 38, subtract total of line	s 37 and 38 from line 35.	4	40	00
	Amount of line 40 you want applied to your 2017 estimated tax	<b>41</b> C	00		
42	Wildlife Conservation Fund donation of \$1 or more	42 0	00		
43	Amount of line 40 you want <b>refunded</b> to you (line 40 minus lines 41 and 42).				
	File early! It may take three months to receive your refund if you file a paper			43	00
	Expecting a Refund? Have it sent directly to your b	pank account! (see ins	struc	tions)	
44	a Routing Number 44b Type of Acco	unt 1 = Checking	2	= Savings	
	(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32;			Č	
	use an actual check or savings account number, not a deposit slip)			<b>Direct</b>	
44	c Account Number			<b>Depos</b>	it
	(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right a	and loave any unused boxes bl	ank)		
		-	an.)		
44	d Check this box if this refund will go to a bank account outside the United State				
_	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return an	d to the best of my knowledge ar	nd bel	ief, it is correct and comp	lete.
S	ign				
	Cre Your Signature Date Email A	ddress			
	copy of  ()				
this ret your re	copy of urn for Spouse's Signature (if filing jointly, <b>both</b> must sign) Daytime Phone				
,	paid				
prep	arer's				
	Preparer's Signature Date Prepare	er's PTIN		( )	_
	Print Firm's Name (or yours if self-employed), Address and Zip Code EIN			Daytime Phone	)
				,	

Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912. Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.